

Childhood Obesity

Expert Committee Recommendations

- December 2007 -



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Childhood Obesity Action Network
The Healthcare Campaign to Stop the Epidemic

NICHQ
National Initiative for Children's Healthcare Quality

Today we will discuss...

- The Recommendations from the Expert Committee
 - Assessment
 - Prevention
 - Treatment

By the end of the lecture participants will be able to...

- Describe how to assess children for obesity using Body Mass Index (BMI)
- Name the 4 stages of obesity treatment

Assessment, Prevention and Treatment of Childhood Obesity: Recommendations from the Expert Committee on Childhood Obesity

■ National Sponsors

- CDC
- HRSA
- AMA

■ Endorsed By

- AAP
- ADA
- NAASO
- Others...

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Assessment of Child and Adolescent Overweight and Obesity
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Overcoming Challenges

- **Lack of Patient Motivation & Provider Skills**
 - Empathize/Elicit - Provide - Elicit
 - Motivational Interviewing
- **Not Enough Time**
 - Office Systems and Tools
 - Team Based Care
- **No Reimbursement**
 - Coding Strategies
 - Advocacy

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Assessment of Childhood Obesity



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Assessment Overview

- **Medical Risks**

- Height, Weight, BMI, Blood Pressure, Pulse
- Family History
- Review of Systems
- Physical Examination
- Laboratory Tests

- **Behaviors and Attitudes**

- Diet Behaviors
- Physical Activity Behaviors
- Attitudes

Measure BMI Annually

- **Measure BMI at Well Child Care Visits 2-18 years**
 - BMI (English):[weight (lb) ÷ height (in) ÷ height (in)] x 703
 - BMI (metric):[weight (kg) ÷ height (cm) ÷ height (cm)] x 10,000
 - Calculation Tools: www.cdc.gov/, www.nhlbisupport.com/bmi/

 - **Make a weight diagnosis using BMI % for age**
 - < 5%ile Underweight
 - 5-84%ile Healthy Weight
 - 85-94%ile Overweight
 - 95-98%ile Obesity
 - ≥99%ile
- For Patient Communication...*

 - Weight or Excess Weight
 - Body Mass Index (BMI)
 - Risk for Diabetes & Heart Disease

Laboratory Tests to Consider

- **BMI 85-94%ile Without Risk Factors**

- Fasting Lipid Profile
- The AHA & AAP recommend lipid screening at 2 years of age

- **BMI 85-94%ile Age 10 Years & Older With Risk Factors**

- Fasting Lipid Profile
 - ALT and AST
 - Fasting Glucose
- } Every 2 Years

- **BMI \geq 95%ile Age 10 Years & Older**

- Fasting Lipid Profile
 - ALT and AST
 - Fasting Glucose
 - Other Tests as Indicated by Health Risks
- } Every 2 Years

Laboratory Test Follow Up

Lab Test	Borderline	Abnormal*	Follow Up Tests
Total Cholesterol	170-199 mg/dL	≥ 200 mg/dL	ECG, Lipoprotein (a)
Low-Density Lipoprotein	110-129 mg/dL	≥ 130 mg/dL	ECG, Lipoprotein (a)
Triglyceride		≥ 110 mg/dL	ECG, Lipoprotein (a)
High-Density Lipoprotein		≤ 40 mg/dL	ECG, Lipoprotein (a)
Fasting Glucose	100-125 mg/dL Prediabetes	≥ 126 mg/dL	OGTT, Urinary Microalbumin or Microalbumin/ Creatinine Ratio
Serum Alanine/Aspartate Aminotransferase (ALT, AST)		> 60 U/L or 2 times normal levels	Ultrasound, α_1 - Antitrypsin, Ceruloplasm, ANA, Hepatitis Antibodies

* Abnormal tests may indicate the need for Follow Up Tests and discussion with a specialist

Prevention of Childhood Obesity



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Prevention Overview

- **Obesity Prevention at Medical Office Visits**
 - BMI Screening for All Children 2 Years and Older
 - Universal Consistent Evidence-Based Health Messages
 - Patient-Centered Communication
 - Early Intervention and Referral if Indicated
- **Health Professional Support and Advocacy**
 - Tools and Resources
 - Advocacy in Schools and Communities

Give Consistent Evidence-Based Prevention Messages to All Families

- **Dietary Intake**

- Breastfeeding for the first 12 months or longer
- Limit or eliminate consumption of sugar-sweetened beverages
- Eat the the recommended quantities of fruits and vegetables

- **Physical Activity**

- Limit television and other screen time to no more than 2 hours/day
- Remove television and other screens from children's bedrooms
- Moderate to vigorous physical activity for at least 60 minutes a day

- **Eating Behaviors**

- Eat breakfast every day
- Limit eating out, especially at fast food restaurants
- Have regular family meals
- Limit portion sizes

Motivational Interviewing - Change Talk and Self-Perception

- People are more powerfully influenced by what they hear themselves say than by what someone else says to them.
 - Encourage your patients to say the things that you usually tell them.
 - Help your patients to talk themselves into making a change!
- Self-motivating statements made by the patient:
 - Recognition of an issue
 - Reasons for making a change
 - Hazards of not making a change
- Free Online CME - www.kphealtheducation.org

Health Professional Advocacy

- **Advocacy Tools and Resources**

- AAP CATCH Program www.aap.org/catch/index.html
- CA Med Assoc Foundation - Physicians for Healthy Communities
www.calmedfoundation.org/projects/phyChampion.aspx

- **School and Community Advocacy**

- Adequate physical education and recess periods
- Establishment of nutritional standards for all food served at school, including vending machines and other competitive foods
- Establishment and maintenance of safe parks and recreation centers
- Urge local grocery stores to offer healthy, low-cost food that is consistent with the most common cultures of the community members.

Treatment of Childhood Obesity



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Treatment Overview

- **Treatment Goals**

- Behavioral Goals and Parenting Skills
- Self Esteem and Self Efficacy
- BMI Velocity, Weight Loss Targets and BMI %ile

- **A Staged Approach**

- Prevention Plus
- Structured Weight Management
- Comprehensive, Multidisciplinary Intervention
- Tertiary Care Intervention

A Staged Approach - Overview

- **Stage 1 - Prevention Plus**

- Family visits with physician or health professional
- Frequency individualized to family needs and risk factors

- **Stage 2 - Structured Weight Management**

- Family visits with physician or health professional with training in childhood weight management. Visits can be individual or group.
- May include visits with a dietitian, exercise therapist or counselor
- May include self-monitoring, goal setting and rewards
- Frequency monthly or individualized to family needs and risk factors

- **Stage 1 and 2 Behavioral Recommendations**

- Decrease screen time to 2 or fewer hours a day.
- Minimize sugar-sweetened beverages. Ideally, these beverages would be eliminated from a child's diet.

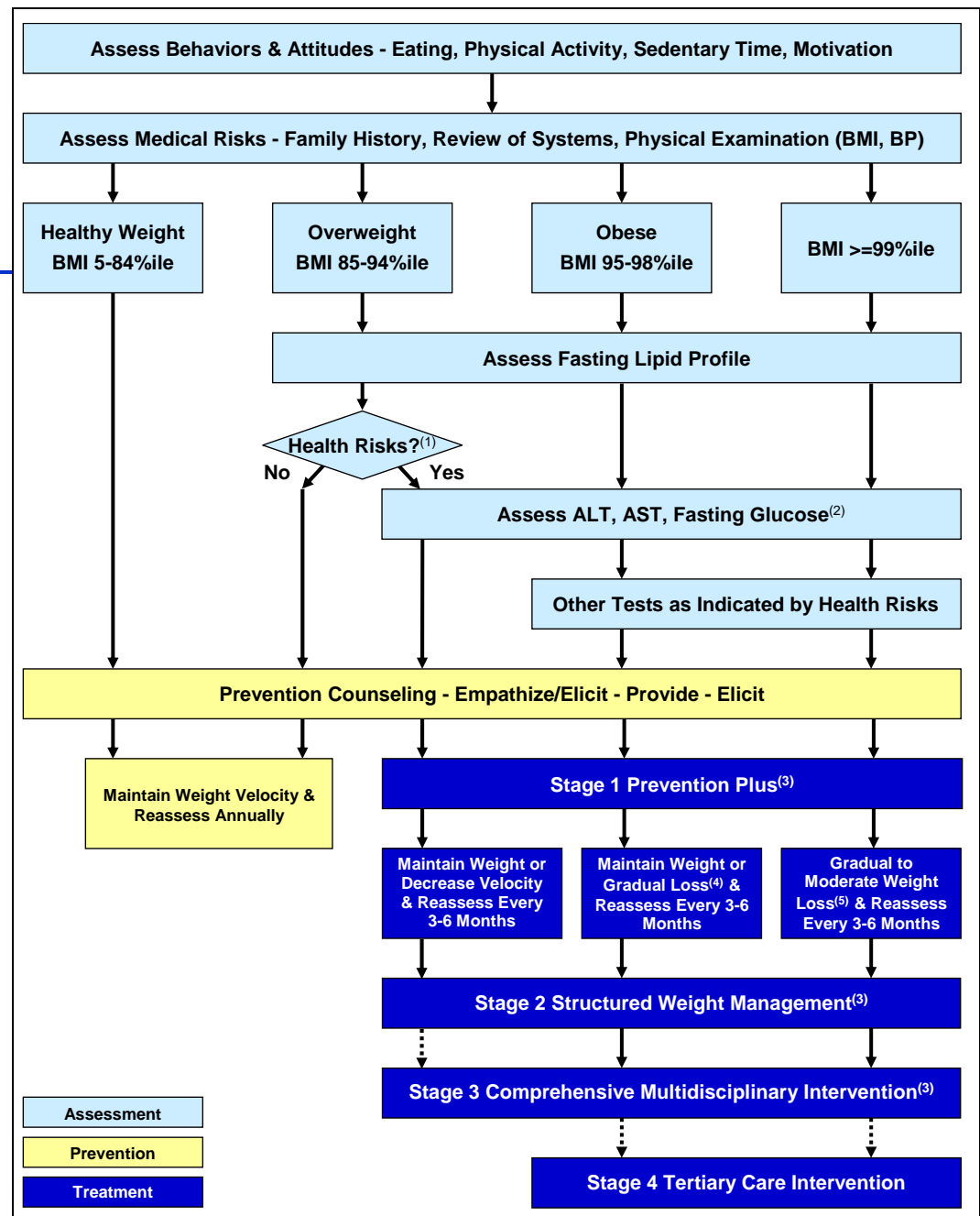
A Staged Approach - Overview

- Consume at least 5 servings of fruits and vegetables daily.
- Be physically active 1 hour or more daily.
- Prepare more meals at home as a family. The goal is 5-6 times a week.
- Consume a healthy breakfast daily.
- Involve the whole family in lifestyle changes
- **Stage 3 - Comprehensive, Multidisciplinary Intervention**
 - Multidisciplinary team with experience in childhood obesity
 - Frequency often weekly group sessions for 8-12 weeks with follow up
- **Stage 4 - Tertiary Care Intervention** (for select children only when provided by experienced programs with established clinical or research protocols)
 - Medications - sibutramine, orlistat
 - Very-low-calorie diets
 - Weight control surgery - gastric bypass or banding (not FDA approved for children but in clinical trials)

Obesity Algorithm

- 1) Example – medical risk or behavioral risk
- 2) 10 years and older every 2 years
- 3) Progress to next stage if no improvement in BMI/weight after 3-6 months and family willing
- 4) Age 6-11yr = 1 lb/month, Age 12-18yr = 2 lbs/week average
- 5) Age 2-5yr = 1 lb/month, Age 6-18yr = 2 lbs/week average

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www.NICHQ.org





**“Childhood obesity
is no one’s fault,
but it is everyone’s
responsibility.”**

Dr. Phil McGraw